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COUNTRY PROGRAMME RECOMMENDATION**

Guinea

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session of 1996 contains the final country programme recommendation for Board approval.

The Executive Director recommends that the Executive Board approve the amount of $7,400,000 from general resources, subject to the availability of funds, and $8,036,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme for Guinea for the period 1997-2001.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. Guinea has been undergoing structural adjustment since 1985, and half of its population lives below the poverty line. The share of investment expenditure in the social sectors rose from 8.8 per cent in 1986 to 14 per cent in 1992, but the share of the budget allocated to these sectors is still small (12 per cent). The country is continuing to consolidate its democratic institutions, despite signs of political instability. Decentralization is also under way, despite the difficulties encountered in its implementation.

2. Although the under-five mortality rate (U5MR) per 1,000 live births fell from 308 in 1985 to 223 in 1994, it remains a cause for concern. Malaria, diarrhoeal diseases, acute respiratory infections (ARI) and intestinal infestations are the main causes of child morbidity and mortality. The nutritional status of children under five years of age is reflected in low birth weight (21 per cent) and stunting (32 per cent). All of these problems are essentially attributable to poor environmental health, poor management of the water supply, insufficient sanitation systems and individual and household practices which are harmful to health. Since health centre coverage rates are high (88 per cent), these morbidity and mortality rates also indicate that services are being underutilized and are of poor quality. The maternal mortality rate (MMR) is extremely high (1,600 per 100,000 live births), owing to infrequent monitoring of pregnancies and deliveries by village midwives and to the poor quality of the referral system for high-risk pregnancies.

3. Guinea has the subregion's highest incidence of illnesses caused by iodine deficiency, which affect 64 per cent of the population. Nearly two thirds of pregnant women suffer from iron-deficiency anaemia. The overall prevalence of human immunodeficiency virus (HIV) is estimated at 1 per cent (1.4 per cent in urban areas and 0.3 per cent in rural areas; 32 per cent among prostitutes). The age groups most affected are women aged 20 to 29 and men aged 30 to 39. The proportion of women among the infected population rose from 11 per cent in 1987 to 38 per cent in 1994 and 50 per cent in 1995.

4. The illiteracy rate is very high at 64 per cent (78 per cent for women). Reforms in the basic education sector, initiated in 1990, raised the gross school enrolment ratio from 32 per cent in 1990 to 46 per cent in 1993. This rate is still low, and marked by disparities between the sexes (girls, 30 per cent; boys, 61 per cent) and between regions (urban areas, 58 per cent; rural areas, 22 per cent). The repetition rate is high: 24 per cent in 1994, with girls representing two thirds of all repeaters. This general situation is due both to a lack of infrastructure, equipment, teaching materials and textbooks and to a lack of human resources. Socio-cultural, socio-economic and socio-educational factors also contribute to the low enrolment rate for girls.

5. High population growth rates (2.7 per cent a year, and about 6 per cent in Conakry) have led to chaotic development of urban areas, resulting in unhealthy living conditions, a high incidence of disease and inadequate coverage of basic services. The impoverishment of the urban population has weakened family ties and given rise to marginalized groups, particularly children in difficult circumstances. Traditional prejudices and beliefs lead to practices which are

harmful to the health and development of women and children, such as genital mutilation and early marriage. Communication to promote health, nutrition and education is hampered by limited radio coverage, illiteracy and weak capacity for interpersonal communication at the decentralized level.

6. Guinea continues to receive large influxes of refugees fleeing civil wars in Liberia and Sierra Leone. These groups (totalling about 600,000 people, or nearly one tenth of the country's population) live primarily in forest areas of Guinea.

PROGRAMME COOPERATION, 1991-1996

7. The previous cooperation programme was aimed at reducing the MMR and the infant mortality rate (IMR), improving the living conditions of the most vulnerable groups, building institutional capacity and promoting community involvement. During its implementation, the Government prepared a national programme of action (NPA) and a plan of action to meet mid-term objectives, which led to a growing mobilization of the national authorities in matters concerning children and the need to give priority to the social sectors.

8. The health and nutrition programme, which was based on the Bamako Initiative, increased immunization coverage from 17 per cent in 1990 to 73 per cent in 1995, and reduced the incidence of the target diseases of the Expanded Programme on Immunization (EPI). The services provided by health centres were gradually expanded to include nutrition surveillance, sexually transmitted diseases (STD) and acquired immunodeficiency syndrome (AIDS) control and family planning. The programme served to revitalize health centres, nearly 90 per cent of which are financially self-sufficient, particularly in terms of renewing their stocks of essential drugs and non-salary operating costs. The extent of iodine deficiency was evaluated and actions to combat it were launched, particularly the provision of iodized salt (legislation on the importation of iodized salt and establishment of iodation units).

9. Actions to support basic education were aimed at improving school enrolment ratios, particularly for girls, and providing literacy training for women. The programme helped to strengthen the non-formal approach, in the context of the adjustment programme in the education sector, as a necessary complement to the formal sector and to the mobilization of the Government and other partners. About 450 women's literacy training centres were opened, and an innovative approach ("Nafa" centres) was launched to recover unenrolled children and school drop-outs (especially girls) aged 10 to 16. With respect to early childhood, the programme supported 20 community leadership training centres and helped to define national policies and priorities in this area.

10. With respect to water supply, the programme provided institutional support to the national water point improvement service (SNAPE) and financed the construction of modern water points, sanitation infrastructure and a laboratory for drinking-water analysis. In the area of sanitation, the programme supported the establishment of a technical unit and alerted the Government and other partners to the need for a national policy. With the active involvement of communities, UNICEF joined with various non-governmental organizations in

increasing awareness and building latrines. The urban development support programme, in particular, made it possible to develop and strengthen information, education and communication activities (IEC) and to develop a strategy to mobilize women and artisans for active participation in improving sanitation and hygiene in their neighbourhoods. This programme also helped to introduce environmental education into the primary-school curriculum, on an experimental basis.

11. The advocacy and social mobilization programme made it possible, inter alia, to work out a comprehensive communication plan to increase the demand for basic services; strengthen the coordination capacities of the Ministry for the Advancement of Women and Children; integrate children's and women's rights issues into the political agenda of decision makers; establish children's committees; and build alliances. The cooperation programme helped to improve social statistics and to prepare a national human development programme. UNICEF also provided assistance in the areas of health, basic education, water supply and sanitation infrastructure to refugees from Liberia and Sierra Leone, in the amount of US$ 2.5 million.

Lessons learned

12. The evaluation of the health care programme prompted greater representation of women and young people on management committees, experimentation with prepaid mutual benefit schemes for the care of indigents, decentralization of the health district and strengthening of IEC. Studies on sanitation, hygiene and water led to the establishment of subsidized connections in urban areas and to the practice of taking behaviours into account in the new programme. The study on stereotypes that discourage education for girls served as a reference for revising textbooks and curricula and designing communication strategies to promote education for girls. The evaluation of the "children for children" programme recommended that the programme should be extended to the entire country and contributed some ideas on the "women for women" approach. Recommendations were made on reallocating the State budget according to the "20/20 vision" concept to benefit priority social sectors. Following a study on the subject, the prefectural children's committees took charge of the decentralized monitoring of compliance with the Convention on the Rights of the Child.

13. The mid-term review yielded some useful recommendations, such as the need to continue to support the development of sectoral policies; to consolidate and expand the coverage of basic services, inter alia, in urban areas; and to strengthen the process of community empowerment and national capacity-building, particularly in the area of social planning.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001

General resources: $7,400,000

Supplementary funding: $8,170,000

Recommended programme cooperation a/

(Thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health and nutrition	2 534	2 481	5 015
Water supply and sanitation	977	1 715	2 692
Basic education for all	986	1 960	2 946
Communication and advocacy	679	735	1 414
Human development support	961	1 145	2 106
Programme support	1 263	-	1 263
Total	7 400	8 036	15 436

a/ A breakdown of annual expenditure is given in table 3.

b/ In addition to these figures, there are also funded supplementary funding projects, as indicated in table 3.

Country programme preparation process

14. The Government coordinated the preparation of the country programme, which involved the active participation of development partners (including agencies of the United Nations system), bilateral donors and non-governmental organizations. The members of the Executive Board who were represented in Guinea were consulted and informed. A consensus gradually emerged on priority problems, major objectives and strategic orientations, which reflect the country's development priorities and the action policies of UNICEF. The preparation of the programme was facilitated by the harmonization of the programming cycles of the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and UNICEF, by the elaboration of the country strategy note and by the formulation of the national human development programme. Among the other frames of reference used were the strategic recommendations of the multi-donor evaluation and recent international conferences. The exercise served to consolidate the partnership and strengthen national programming capacities.

Aim, objectives and structure of the programme

15. The aim of the programme will be pursued in the context of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of

Discrimination against Women and the African Charter on the Rights and Welfare of the Child. Its objectives, which reflect those established for the year 2001 by the national human development programme and the NPA, are to help to: (a) reduce the U5MR from 223 to 90 per 1,000 live births; (b) reduce the IMR from 131 to 75 per 1,000 live births; (c) reduce the MMR by one fourth; and (d) ensure that individuals (especially children), families and communities have access to information and education geared to changing key behaviours.

16. The following strategies will be used: (a) consolidating and expanding high-quality basic services; (b) strengthening institutional capacities at the community, intermediate and national levels; (c) empowering families and communities, particularly women, to manage and participate in service delivery; (d) enhancing the quality of communication; (e) advocating the adoption of appropriate sectoral policies and mobilizing supplementary resources, inter alia, from the private sector; (f) reducing disparities between the sexes and between regions, with particular attention to urban areas; (g) improving monitoring and evaluation, particularly through a community-based information system and a comprehensive monitoring and evaluation plan; (h) ensuring complementarity with other development partners and synergy among the various programmes; and (i) integrating an active rapid-response emergency component into the country programme through continual assessment of risks and attention to the conditions obtaining in different subregions. All of these strategies will be implemented and combined differently according to the specific features of each programme. They will ensure the sustainability of the actions carried out, the necessary synergy among the programmes (in terms of target groups, strategies and activities) and complementarity among the actors. The comprehensive communication and monitoring/evaluation plans will be implemented in the context of these efforts towards convergence and complementarity.

17. The country programme comprises three sectoral programmes (health and nutrition, basic education for all, water supply and sanitation) and three cross-sectoral programmes (communication and advocacy, human development support, programme support). The specific objectives of each project will indicate the cooperation programme's contribution to national objectives.

18. The factors contributing to the programme's feasibility include the national human development programme, key sectoral policies, a community-development-oriented decentralization policy, the establishment of a Committee on the Convention on the Rights of the Child and decentralized units. The major constraints are low household income, illiteracy, the mobility of administrative authorities and the insufficiency of national budgetary allocations to the social sectors.

Health and nutrition

19. The activities of the programme will be focused on the 376 health centres and 400 health posts distributed throughout Guinea's 8 regions and 500 of the country's most populous villages. The main partners will be the World Health Organization, the United Nations Population Fund (UNFPA), the United Nations Capital Development Fund and the World Bank; the German Agency for Technical Cooperation (GTZ), the French Development Fund, the European Union, the United States Agency for International Development, the African Development Bank,

Rotary International, KIWANIS International and various other non-governmental organizations. The programme consists of three projects: health care; nutrition; and the health and nutrition information and communication system.

20. The objectives of the health care project are: (a) to achieve and maintain 95 per cent coverage for immunization against tuberculosis and 90 per cent of other diseases targeted by the Expanded Programme on Immunization (EPI) among children under one year of age; (b) to achieve and maintain 90 per cent coverage for administration of two doses of antitetanus vaccine to women of child-bearing age; (c) to ensure that health units treat all children under five years of age suffering from malaria, acute respiratory infections and diarrhoea; (d) to ensure that the 38 districts and community hospitals have the capacity to serve as referral centres for obstetrical care; (e) to expand the network of curative and preventive care, including care for sexually transmitted diseases, to approximately 400 new health posts; (f) to ensure that at least 1,200 village midwives are brought into the primary health care system. Core activities will entail provision of supplies and equipment and supply of essential vaccines and drugs; basic and refresher training for medical personnel and members of management committees; the establishment of mutual prepaid health services schemes; and involving communities in the promotion of curative, preventive and promotional services. The bulk of the general resources will be allocated for capacity-building (training and technical assistance), while the supplementary funding will be used to provide equipment, supplies, vaccines and essential drugs, as well as for monitoring and evaluation activities.

21. The objectives of the nutrition programme are: (a) to ensure that the growth of 90 per cent of children under five years of age is monitored and promoted, that 80 per cent of cases of malnutrition are treated and that nutrition education is given to pregnant and nursing women in 500 villages and 20 urban districts which have a community-based functional information system; (b) to ensure that the 376 health centres and 38 hospitals promote correct breast-feeding practices, the use of food supplements for nursing children, and proper weaning, and also provide nutritional rehabilitation in serious cases of malnutrition; (c) to ensure that 95 per cent of the population uses iodized salt; (d) to guarantee the prevention of vitamin A deficiency for 90 per cent of children aged from six months to six years and for nursing mothers in the affected area; (e) to promote the consumption of iron-rich foods and iron and folic acid supplements by 90 per cent of pregnant women and the use of iron supplements by 80 per cent of out-of-school adolescent girls, in the villages and districts covered by the community-based information system; and (f) to guarantee folic acid supplements to 80 per cent of pregnant women nationwide. This project will contribute to the organization and coordination of all nutritional activities at the level of families, communities and technical services.

22. The objectives of the health and nutrition information and communication system project are: (a) to enable communities to identify and analyse their health and nutrition problems and take corrective action; (b) to strengthen capacity for the collection, analysis and use of health and nutrition data at the peripheral, intermediary and central levels, seeing to it that the data is broken down by gender. This project will make it possible to coordinate the implementation of information, education and communication activities, thereby

bringing about positive changes in health and nutrition behaviours, and also to ensure the monitoring of the programme and measure the impact of activities on social and health indicators.

Basic education for all

23. The basic education for all programme will give particular attention to the prefectures with the lowest school enrolment ratios, in particular for girls. It will work in cooperation with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Bank, the United Nations Capital Development Fund, the European Union, the French Development Fund, the Canadian International Development Agency and the Japan International Cooperation Agency.

24. The programme consists of two projects: (a) action to improve supply relative to demand for education, with priority attention given to girls (7-12 years, 12-16 years); and (b) literacy and parental education, with priority to women (15-49 years) and children (0-6 years). The objectives of the first project are: (a) to ensure that 80 per cent of children at Nafa centres complete the course of study; (b) to ensure that 50 per cent of children in primary schools and 100 per cent of pupils at Nafa centres receive health education; and (c) to ensure that the school/environment approach is introduced in 40 primary schools. It will contribute to the institutional strengthening of formal and non-formal education by training supervisory staff and workers from non-governmental organizations; providing equipment and logistical support; establishing a link between technical training and Nafa centres; giving support to Parents' and Friends' Associations and Mothers' Associations for the implementation of the school/environment approach and the operation of the Nafa centres.

25. The objectives of the second project are: (a) to support the opening of 100 women's literacy centres and 100 vocational literacy centres; (b) to support the implementation of the child promotion policy; and (c) to encourage families and communities around literacy centres to reconsider their views and favour literacy for women. Through parental education, the project aims to ensure that young parents (especially mothers) are more able to assume their responsibility to the child, from its conception. The project will support functional literacy activities and literacy activities which enable young girls and boys to manage their activities more efficiently during the learning period.

26. The general resources programme funds will be allocated mainly for national capacity-building (training, technical assistance); expansion to other programme activities will depend large upon the availability of supplementary funding.

Water and sanitation

27. The programme will target 80 sub-prefectures and urban townships. It will consolidate the partnership with the United Nations Capital Development Fund, the World Bank, the European Union, the Japan International Cooperation Agency, the German Agency for Technical Cooperation, the French Development Fund and non-governmental organizations. The programme consists of two projects: (a) access to safe drinking water; and (b) promotion of hygiene and sanitation. The objectives of the former are: (a) to ensure the proper functioning of

90 per cent of modern water points (pumps or public standpipes); and (b) to ensure that 75 per cent of households with access to modern water points consume only safe drinking water. This necessitates protection of existing works and observance of standards of hygiene in the drawing, transporting, storing and using water. The activities will consist primarily of basic and refresher training for officials and leaders of National Water Point Management Services and the National Directorate for Town and Country Planning, members of rural development councils, urban townships, water point committees, local repairers and all those who play a part in the preventive maintenance of water points system; it will also consist of strengthening the water point monitoring system.

28. The objectives of the second project, in the 80 sub-prefectures and urban townships to be covered, are: (a) to ensure that safe latrines and refuse pits are available in 30 per cent of households and public places; (b) to ensure that 75 per cent of the population wash their hands properly before eating; (c) to ensure that 50 per cent of families dispose of children's stools properly; (d) to ensure that 80 per cent of families with safe latrines use them properly; and (e) to ensure that 50 per cent of women wash their hands properly before preparing food. This project will help to create the impetus for sanitation, which requires that latrines exist and are used in homes, schools, mosques and markets as well as requiring that hygiene and sanitation standards are observed. Financing will be provided under the project for operational research and studies with a view to identifying appropriate technologies, for training in the construction of latrines, and for information, education and communication campaigns.

29. General resources programme funding will be allocated on a priority basis to: monitoring-evaluation activities; information, education and communication; and capacity-building. The expansion of other activities and the provision of equipment will depend upon the availability of supplementary funding.

Communication and advocacy

30. The communication and advocacy programme will promote rural radio in particular, with the agencies of the United Nations system and various non-governmental organizations as well as with the United States Agency for International Development and the Swiss cooperation agency. It consists of two projects: communication in support of programmes; and advocacy for sustainable human development. The objectives of the first project are: (a) to ensure that individuals, families and communities adopt behaviours which favour child survival, welfare and development, and the advancement of women; and (b) to build national capacity and improve the quality of communication between providers of basic services and the users of such services. The project will integrate all communication activities for social mobilization. The sectoral programmes will provide the basic information for the elaboration of messages and identification of target groups; this project will assume responsibility for implementation, monitoring and evaluation. The project will provide support, generally for the formulation of a national communication policy; for training trainers in interpersonal communications and extension workers to spread awareness of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; for the design, production and selection of means of communication (traditional or modern) and

the dissemination of messages; and for carrying out studies on the audience and the impact of communication activities.

31. The objectives of the second programme are: (a) to ensure that decision makers and development partners take a sustained interest in, and involve themselves in, the cause of children and women in the framework of the two Conventions; and (b) to ensure that decision makers and development partners mobilize more resources to attain the objectives of the national programme of action and the national human development programme. Among the main activities of this project that should be mentioned are: the formation of 38 committees on children and of alliances with parliamentarians and local representatives, advocacy to economic operators in the private sector, the development and dissemination of information on children and women, as well as the organization of special events.

Support for human development

32. The programme will concentrate its activities in Conakry and other towns in Guinea, and will work with agencies of the United Nations system in the framework of the national human development programme and, activities in favour of children in difficult circumstances, as well as with various non-governmental organizations. It consists of two projects: planning and social statistics; and urban poverty and vulnerability. The objectives of the first programme are: (a) to upgrade skills in the area of the collection, analysis and use of social data; and (b) to ensure the coordination of programme monitoring and evaluation activities. The major activities will involve support for training in demographic analysis, survey techniques, analysis and use of social data; support for carrying out evaluations and surveys; support for the setting up and management of a computerized database on social information at the National Directorate of Statistics; and support for the analysis and dissemination of the results of the general population census.

33. The objectives of the urban poverty and vulnerability project are: (a) to increase access to basic services for the most vulnerable groups in urban areas; (b) to create a structure for caring for children in difficult situations in urban areas; and (c) to induce grass-roots urban communities to take responsibility for themselves. The major project activities will involve the drawing up of an urban poverty map; the carrying out of studies on children in difficult circumstances and training the workers responsible for dealing with them; giving support for the elaboration and adoption of a national policy on children in difficult circumstances; prompting greater activism on the part of the Children's Court; and the introduction of subsidized connections to the water-supply system and training for community groups in self-management for refuse collection.

Programme management

34. The Ministry of Planning and Cooperation, and in particular the National Directorate for Cooperation will, in collaboration with the relevant technical departments, ensure coordination and monitoring of programme execution. It will be responsible for organizing half-yearly and annual reviews, as well as the mid-term review. The technical ministries will be responsible for the execution

of various sectoral programmes in coordination with the non-governmental organizations and through steering committees. The National Directorate for Decentralization, the supervisory organ for local authorities, will play a major role in the coordination of activities at the community level. UNICEF will support the Government in the planning, management, monitoring and evaluation of activities.

Monitoring and evaluation

35. An integrated monitoring and evaluation plan has been worked out. The results of the multiple indicator survey, which is currently being reviewed, will serve as a reference for the monitoring of programme objectives. In addition to the routine data which will be utilized, further operational studies and research will be carried out to supplement gender-differentiated information in the light of indicators on the situation of women and children and the update of the situation analysis. In addition, each sectoral programme also includes monitoring, evaluation and research activities. Baseline surveys are envisaged the first year and will be repeated subsequently to measure changes in behaviour. Particular attention will be given to impact indicators. Annual action plans will be examined on a quarterly basis; an annual review is anticipated, and the mid-term review will be conducted in 1999. One of the most important points of the programme is the strengthening of the national system for compiling and using social statistics, and community capacities for information management.

Programme financing

36. The indicative figure for the programme is 29 per cent less than that for the previous cooperation programme. However, the total amounts proposed for the programme are comparable to actual expenditures under the previous programme. In the present context, a fund-raising strategy will be a priority, to be reflected in a strengthening of advocacy activities and of the capacities of field personnel and the relevant area.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Guinea	(1994 and earlier years)		UNICEF country classification
Under-five mortality rate	223	(1994)	Very high U5MR
Infant mortality rate	131	(1994)	Very high IMR
GNP per capita	$ 510	(1994)	Low-income GNP
Total population	6.5 million	(1994)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1994
Births	(thousands)	200	231	295	326
Infant deaths (under 1)	(thousands)	36	37	41	43
Under-five deaths	(thousands)	62	64	70	73
Under-five mortality rate (per 1,000 live births)		62	64	70	223
Infant mortality rate (under 1) (per 1,000 live births)		182	162	140	131

		About 1980	Most recent
Underweight children (under 5)	Moderate & severe	..	..
(% weight for age)	Severe	..	..
Babies with low birth weight (%, 1987/1990)		25	21
Primary school children reaching grade 5 (%, 1985/1993)		57	80

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%)	..	..
Timely complementary feeding rate (6-9 mos.) (%)	..	..
Continued breast-feeding rate (20-23 mos.) (%)	..	..
Prevalence of wasting (0-59 mos.) (%)	..	..
Prevalence of stunting (0-59 mos.) (%)	..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	79	97
Total goitre rate (1988)	..	19
Household expenditure (% of total income)	All food/cereals .. / ..	.. / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1992)		..	38
Access to health services	Total	47	80
(% of population, 1985/1992)	Urban/rural	100 / 40	100 / 70
Access to safe water	Total	17	55
(% of population, 1980/1993)	Urban/rural	69 / 2	50 / 56
Access to adequate sanitation	Total	14	21
(% of population, 1980/1991)	Urban/rural	54 / 1	84 / 10
Births attended by trained personnel (%, 1988/1992)		25	36
Maternal mortality rate (per 100,000 live births, 1990)		..	1600

Immunization		1981	1985	1990	1994
One-year-olds (%) immunized against:	Tuberculosis	4	..	53	75
	DPT	..	..	17	70
	Polio	..	..	17	70
	Measles	15	4	18	70
Pregnant women (%) immunized against:	Tetanus	5	5	10	56

Guinea

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	36 / ..	46 / 40
(%, 1980/1993)	Male	48 / ..	61 / ..
	Female	25 / ..	30 / ..
Secondary enrolment ratio (gross/net)	Total	17 / ..	12 / ..
(%, 1980/1993)	Male	24 / ..	17 / ..
	Female	10 / ..	6 / ..
Adult literacy rate, 15 years & older	Total	22	36
(%, 1980/1995)	Male/female	34 / 11	50 / 22
Radio/television sets (per 1,000 population, 1980/1993)		30 / 1	43 / 8

DEMOGRAPHIC INDICATORS		1970	1980	1990	1994	2000
Total population	(thousands)	3900	4461	5755	6501	7759
Population aged 0-15 years	(thousands)	1846	2139	2815	3204	3812
Population aged 0-4 years	(thousands)	727	850	1116	1273	1451
Urban population (% of total)		13.8	19.1	25.8	29.3	33.6
Life expectancy at birth	Total	37	40	44	45	48
(years)	Male	36	39	43	45	47
	Female	37	40	44	46	48
Total fertility rate		7.0	7.0	7.0	6.9	6.3
Crude birth rate (per 1,000 population)		51	52	51	50	46
Crude death rate (per 1,000 population)		27	25	21	20	17

		About 1980	Most recent
Contraceptive prevalence rate (%, 1977)		1	..
Population annual growth rate	Total	1.6	2.7
(%, 1965-1980/1980-1994)	Urban	4.9	5.7

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1973-1985/1985-1994)		0.0	1.2
Inflation rate (%, 1980-1985/1985-1994)		8	19
Population in absolute poverty (%)	Urban/rural	.. / ..	.. / ..
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure	Health/education	0 / 0	3 / 11
(% of total expenditure, 1987)	Defence	0	29
Household expenditure (% share of total)	Health/education	.. / ..	.. / ..
Official development assistance:	$US millions	90	360
(1980/1994)	As % of GNP	6	11
Debt service (% of goods and services exports(1980/)		18	12

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1991-1996 a/

COUNTRY: GUINEA
LATEST BOARD APPROVAL: 1995
GENERAL RESOURCES: $11,965,935

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF	Actual b/	Planned c/	Actual	Planned d/	Actual	Planned
Health	3242	2168	233	396	1694	346	1163	264	6332	5150	3174	8165	9506	13315
Water supply and sanitation	671	620	97	0	897	9	1173	388	2838	2711	1017	7490	3855	10201
Education	358	367	109	27	294	0	638	86	1399	1650	480	2555	1879	4205
Community organization and development	170	0	1	0	0	0	223	0	394	0	0	150	394	150
Social mobilization and advocacy	98	149	48	0	387	0	868	101	1401	1,400	250	900	1651	2300
Planning and social statistics	126	0	7	0	174	0	127	0	434	205	0	0	434	205
Integrated area-based programme e/	0	0	0	0	0	0	0	0	0	850	0	2630	0	3480
Emergency	130	591	0	12	0	0	0	1373	130	0	1976	265	2106	265
Recovery cost	0	0	0	0	0	0	0	126	0	0	126	0	126	0
Adjustment of prior cycle	-108	0	0	0	0	0	3	-2	-105	0	-2	0	-107	0
GRAND TOTAL	4687	3895	495	435	3446	355	4195	2336	12823	11966	7021	22155	19844	34121

GR = General resources.
FSF = Funded supplementary programmes.
SF = Supplementary programmes, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as at 31 December 1995.
b/ Actual GR expenditure includes allocations from global funds.
c/ Includes additional general resources of $715,935 (E/ICEF/1995/P/L.28) and $2,000,000 (E/ICEF/1995/P/L.28) for 1996 bridging programme.
d/ Includes stand alone submissions of $725,000 (E/ICEF/1993/P/L.27) , additional submissions of $765,000(E/ICEF/1995/P/L.28) and 1996 bridging of $5,415,000 (E/ICEF/1995/P/L.28).
e/ Expenditures against integrated area-based programme have been accounted for in the appropriate sectoral programmes.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: GUINEA
PROGRAMME CYCLE: 1997-2001

(In thousands of United States dollars)

		1997	1998	1999	2000	2001	TOTAL
HEALTH AND NUTRITION	GR	545	506	498	494	491	2,534
	FSF	134					134
	NSF	491	794	454	370	372	2,481
	TOTAL	1,170	1,300	952	864	863	5,149
WATER AND SANITATION	GR	221	191	190	188	187	977
	FSF						
	NSF	230	456	343	343	343	1,715
	TOTAL	451	647	533	531	530	2,692
BASIC EDUCATION FOR ALL	GR	226	196	194	189	181	986
	FSF						
	NSF	604	421	363	302	270	1,960
	TOTAL	830	617	557	491	451	2,946
COMMUNICATION AND ADVOCACY	GR	153	134	132	131	129	679
	FSF						
	NSF	90	117	176	176	176	735
	TOTAL	243	251	308	307	305	1,414
SUPPORT FOR HUMAN DEV.	GR	209	188	188	188	188	961
	FSF						
	NSF	230	286	229	200	200	1,145
	TOTAL	439	474	417	388	388	2,106
PROGRAMME SUPPORT	GR	246	235	248	260	274	1,263
	FSF						
	NSF						
	TOTAL	246	235	248	260	274	1,263
TOTAL	GR	1,600	1,450	1,450	1,450	1,450	7,400
	FSF	134					134
	NSF	1,645	2,074	1,565	1,391	1,361	8,036
	TOTAL	3,379	3,524	3,015	2,841	2,811	15,570

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

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TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : GUINEA
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH AND NUTRITION	2,534			2,534	0	0	0	1	0	0	1	0	1	2	1,026.1	50.4	1,076.5
WATER AND SANITATION	977			977	0	0	0	0	0	0	0	1	1	2	0.0	238.5	238.5
BASIC EDUCATION FOR ALL	986			986	0	0	0	0	0	0	0	1	2	3	0.0	289.5	289.5
COMMUNICATION AND ADVOCACY	679			679	0	0	0	0	0	0	0	1	1	2	0.0	186.4	186.4
SUPPORT FOR HUMAN DEV.	961			961	0	0	0	0	0	0	0	2	2	4	0.0	478.6	478.6
PROGRAMME SUPPORT	1,263			1,263	0	0	0	0	1	0	1	1	5	7	773.6	464.0	1,237.6
TOTAL GR	7,400			7,400	0	0	0	1	1	0	2	6	12	20	1,799.7	1,707.4	3,507.1
SUPPLEMENTARY FUNDING :																	
HEALTH AND NUTRITION		134	2,481	2,615	0	0	0	0	0	0	0	2	3	5	490.5	406.0	896.5
WATER AND SANITATION		0	1,715	1,715	0	0	0	1	0	0	1	0	1	2	851.1	33.6	884.7
BASIC EDUCATION FOR ALL		0	1,960	1,960	0	0	0	0	1	0	1	0	0	1	773.6	0.0	773.6
COMMUNICATION AND ADVOCACY		0	735	735	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
SUPPORT FOR HUMAN DEV.		0	1,145	1,145	0	0	0	0	0	1	1	1	0	2	607.5	152.8	760.3
PROGRAMME SUPPORT		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		134	8,036	8,170	0	0	0	1	1	1	3	3	4	10	2,722.7	592.4	3,315.1
TOTAL GR & SF	7,400	134	8,036	15,570	0	0	0	2	2	1	5	9	16	30	4,522.4	2,299.8	6,822.2
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs			2,128.9													
	Staffing				0	0	1	1	1	0	3	3	9	15	2,552.3	1,240.2	3,792.5
GRAND TOTAL (GR+SF+ADM)					0	0	1	3	3	1	8	12	25	45	7,074.7	3,540.0	10,614.7
Number of posts and staff costs:																	
Current programme cycle											7	9	25	41			
At the end of proposed programme cycle (indicative only)											8	12	25	45	7,074.7	3,540.0	10,614.7

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.